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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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School Nursing in Edmonton

By KATHARINE CAMPBELL, R. N.

Read at the Alberta G. N. A. Convention, Edmonton, Alberta, October, 1919

The history of school nursing is really the history of the medical inspection of school children. Without going as far back as the middle ages, when more than one medical and educational authority had the wisdom, unshared by the age, to declare that a healthy mind was, in the majority of cases, dependent on a healthy body, it is worth while pointing out that medical inspection is not a twentieth century novelty. In France, as far back as the year 1873, a well-defined scheme for medical inspection of schools was laid before the National Convention. This provided for the appointment of special school medical officers, who were required to visit all the schools in their district and report on the condition of the children.

In 1833 there were regular school doctors attached to most of the public schools in Austria, Germany, Switzerland, and Holland. In England the development of the system has been slow, but has been carried out in spite of a great deal of opposition.

Medical inspection in the Edmonton public schools was started in the last two months of the year 1910. In 1911 there was a systematic inspection made of all pupils attending the high and public schools of the city. This has been done once each year since. Each child is

MEDICAL FACULTY
McGILL
UNIVERSITY

weighed, height taken, and examined for enlarged tonsils, enlarged glands, adenoids, deafness, defective teeth, and other obvious defects. A record of the child's physical condition is made on a physical record card, which provides space for eight examinations. The reverse of the card is used for the attendance record. (These cards are kept in the different classrooms.) In this way we can see at a glance what a pupil's physical condition has been since his first year at school. Besides doing the above inspection, those pupils who are in school from six months to one year, and those in Grade V. from ten to twelve years of age, are given a complete physical examination, which includes the examination of the heart, lungs, spine, and any orthopedic defects, skin, hernia, etc. This gives each pupil two complete physical examinations during the eight grades in school. We have, this year, between twelve and thirteen thousand pupils enrolled. Before starting to examine the pupils, the nurse sees that the cards are all in order, and that there is a card for each pupil. They take charge of the weighing and measuring, and vision-testing, under supervision of the medical inspector. At the conclusion a list of defective pupils was made out and notices sent to the parents. This notice to parents is made out in triplicate—one copy for the nurse, a carbon copy for the medical inspector's office, and a card copy for the parents. The office and nurses' copies are for future reference. In urgent cases the nurse visits the home either the day the inspection is made, or as soon afterwards as possible.

At the present time we have a medical inspector, who has a part-time assistant and six nurses. Besides assisting the medical inspector with the inspections and examinations I have before mentioned, each nurse has her own group of schools, which are visited regularly, some requiring more attention than others, according to the number of cases found. We make regular rounds of the classes for inspection as to cleanliness and general condition of the pupils. We also examine pupils reported by the medical inspector to see if treatment has been carried out, and, if not, we visit; or, otherwise, by special note, telephone, or in some way get in touch with the parents or guardian, and urge treatment. When a nurse visits the home in this follow-up work, and finds the parent unable to bear the expense of any operation or other treatment that may be necessary, she makes her report to the medical inspector; and as yet we have always been able to get these cases treated *free*, due to the splendid assistance given us by the medical profession. Those able to pay are expected to do so according to their circumstances. The eye specialists write prescriptions for glasses, free of charges, in indigent cases, and, where parents are unable to pay the small fee required for the glasses, on the recommendation of the Medical Department the School Board pays for them. On the whole, the work has been very well received, and the parents are showing a much more active interest in the welfare of the children. The question of defective teeth is most important; we find so many of the parents who think that care of the baby, or temporary, teeth is absolutely absurd. A child's first teeth are

as important as the second teeth. If they are lost too soon, there is likely to be lack of development of the jaw, and the second teeth are crowded into irregularity and are not likely to hold their own against decay, as they depend considerably for their proper nourishment on the roots of the first. We have great trouble in explaining and getting the parents to understand that the first permanent teeth come about the sixth year (the six-year molars). We expect this year to have lantern-slide lectures in all of the larger schools, with a view to showing the parents and children the development of teeth from babyhood, the care that should be taken to preserve them, and the bad results caused from neglect. We already have had these in a couple of the schools, and the nurses have had the privilege of listening to lectures and seeing the slides at the university during a course given to the public health nurses.

We have a free dental clinic and one dentist in connection with the schools, and find it a wonderful help for children who cannot afford to go to their own dentists. It is most encouraging to the nurses who have been doing this work for several years to inspect a class in the higher grades and find, in the case of most pupils, the teeth nicely filled and well taken care of. We report these cases of defective teeth from the very beginning, as soon as a tiny cavity appears. It is so much less painful, and the tooth will last so much longer, if the cavities are filled when small. At our dental clinic, only teeth not requiring treatment can be attended to. We hope in time to have the staff increased and perhaps manage to do more of this work. The nurse, after making a class inspection, especially at the beginning of the term, gives a little talk on cleanliness of the teeth, body, clothes, etc. If we find any special cases during this inspection (which is usually done in the cloakroom or at the back of the classroom), such as pediculosis, skin disease, ringworm, etc., we take these pupils to the medical inspection room in order to make more thorough examination. Of course, where it is necessary, these cases are excluded and sent to the medical inspector or medical health officer for diagnosis, and excluded from school until they can bring a certificate from one or other of these officials. Of course, all suspicious cases of contagious diseases are excluded. We are always told by the medical inspector to err on the safe side, and, if at all suspicious, to exclude the pupils from further examination. Before a child returns to school, after being excluded for any of the above reasons, a medical certificate is required.

As time has gone on, the percentage of defects treated has become larger, especially in the case of the teeth. In 1916, about 35 per cent. were treated; 1917, about 50 per cent.; 1918, about 80.9 per cent.

The other defects have been gradually decreasing, both as to numbers and percentages. In 1918 we had the following report:

Cases reported defective: Vision 282, 120 treated; tonsils and adenoids 195, 82 treated; ear 84, 41 treated; miscellaneous 40, 39 treated; teeth 1,854, 1,500 treated; defective total 887, 460 treated, not including defective teeth.

Private Nursing in Alberta

By Lucy Hatch, R. N.

Read at the Alberta G. N. A. Convention, Edmonton, Alberta, October, 1919

After finishing those three spine-curving, chest-cramping, foot-twinging, memory-testing, ether-scented years of hospital training, it is well for every nurse who dons her candy-box cap to go out into the world to fight her battles alone, to enter the field of private work, if only for a short while, especially here in the West, where the field is so wide, nurses so scarce, and facilities, especially in the smaller towns, so meagre.

It brings her ability to improvise to the fore, and she is able, after a little experience, to transform a one-room shack, away out on the prairie, into a complete and efficient operating-room equal to its sister in the city.

In the larger towns of Alberta, private duty is practically the same as in other places. In most of them you find all the modern conveniences, and the people are moderately prosperous and are able to give you more to make the patient comfortable than you demand.

A number of surgical cases in hospital make things pleasant for the private duty nurse, as any graduate likes to get back to hospital routine, if only for a short time.

But the real Western nursing comes when the telephone rings, as it did for me one night at eleven, calling me to go to a small town, where the doctor thought it might be necessary to operate immediately.

We left L—— at eleven-thirty in a car, the doctor, a chauffeur and myself. It was very dark. Our destination was sixty miles away, over mountain roads, which became very slippery, as it began to rain when we were on our way about an hour. After stopping to put on chains, and losing our way a couple of times, we arrived at C——at four-thirty a.m.

The patient was in a small room in a country hotel. The doctor decided upon immediate operation. The "parlor" of the hotel, having a number of windows, was decided upon as the best operating-room. It was full of the usual plush furniture, Brussels carpet and family portraits. The family assisted in removing the furniture; the doctor and I took up the carpet; a maid washed the floor. A dining-room table was brought up, pulled apart about two feet, and two extra boards were put across the centre space lengthways, so we could stand close to the patient. The instruments were put on the range in the kitchen to sterilize, two solution basins were sterilized in a boiler, and the tea-kettle was put over the fire. Sterile gowns, etc., had been brought from the hospital at L——.

As soon as possible the patient was placed on the table. The anæsthetic was given by a half-drunken old doctor, the only one in the place. He had learned anæsthesia in the Old Country years before, and was too cautious with the ether, the surgeon having to keep constantly telling him to give the patient more.

On opening the abdomen, it was found to be a case of ectopic gestation, with a quantity of free blood in the pelvis. Luckily, the operation was quick and he soon had the necessary work accomplished, the abdomen closed, and the patient back in bed. As the doctor wanted her under his immediate observation, he told me to bring her to L—— on the train that night. It was still pouring rain. Fifteen hours after the operation the patient was placed on a cot, and, covered with raincoats, was carried by six men to the station, a distance of two blocks, where she was placed in the baggage car and brought to the hospital at L——. Her wound healed by first intention, and she was home in two weeks.

This experience, and others similar to it, where the nurse assists in a difficult operation in a one-room shack, or brings someone back from the very jaws of death, with very few conveniences or facilities, has in it a great deal of satisfaction for the nurse, as well as the patient and his immediate family. The parents, husband or wife, as the case may be, always remember the one who was to be depended upon in their great crisis, and who so willingly helped them bridge the difficulty.

It seems to me that private nursing in the West is far more satisfactory than in the East, even though the nurse's hardships are at times greater and her hours longer. She keeps her individuality here. The good nurse makes a reputation for herself, and keeps it; while in the city she is one of many, an atom in the great maelstrom. She has eight- or twelve-hour duty, earns her money, but somehow, to me, she has not the same spirit of service that is the principle of nursing. She may profit more in a remunerative way; but how much more satisfaction there is in nursing six-year-old Johnnie back to health and strength on a prairie ranch in Alberta than taking a tired society debutante to Atlantic City!

And so, whether it be here in the West or in a busy city, each one of us should not forget the vow we have taken of charity, and its sister, service; of a cup of water to the thirsty, and of open arms to a tired child.

Clemenceau's Mascot

When Premier Clemenceau returned to France from his visit to England, he took with him a tiny black Persian kitten with a fine blue ruff and magnificent orange eyes. She was eleven weeks old, and her name is Prudence. Her mother is Sally Brass, and her sire Nicholas Nickleby. Evidently, her family is a lover of Dickens.

Character is not dreamed but hammered and wrought.

New Brunswick Association of Graduate Nurses, St. John, N.B.

PROVINCIAL REGISTRATION EXAMINATION,
February, 1920

Materia Medica

1. (a) Define Oxytocics.
   (b) Name three.
   (c) Give action, use and dose of Hydrastus.
2. State action of Chloroform.
3. Classify Cathartics and state action of each group.
4. (a) What is the dose of tincture of Digitalis?
   (b) Is it a good emergency heart stimulant?
   (c) What are the indications for discontinuing its use?
5. Name some of the important preparations of Iodin.

Hygiene

1. What is meant by Public Hygiene?
2. How is Bubonic Plague transmitted?
3. (a) Name four diseases transmitted by insect,
   (b) And two water-borne diseases.
4. What precautionary measures should a nurse take in regard to herself when nursing a contagious case?
5. Tell how you would dispose of the stools of a patient suffering from Dysentery, Cholera and Typhoid Fever.

Medical Nursing and Dietetics

1. Give the incubation period of:
   (a) Scarlet fever;
   (b) Chicken-pox;
   (c) Pneumonia;
   (d) Erysipelas;
   (e) Small-pox.
2. What do you mean by crisis and lysis? Give an example of each.
3. How would you proceed to get a specimen of sputum for examination?
4. Give the dietetic treatment of a case of typhoid fever.
5. (a) How would you give a high enema?
   (b) How would you make a pneumonia jacket?

6. Define the following:
   (a) Myocarditis;
   (b) Nephritis;
   (c) Cachexia;
   (d) Angina pectoric;
   (e) Paresthesia.
7. What would you do as a nurse in a case of nose bleed?
8. How would you obtain and preserve a specimen of urine from a female patient?
9. A child three (3) months old has diarrhoea. Outline a diet.
10. How would you change 100° Fahrenheit to those of the Centigrade scale?

Surgical Nursing

1. What is asepsis?
2. What is Fowler's position? What are the purposes of placing a patient in Fowler's position?
3. After abdominal operation, what would lead you to suspect internal hemorrhage?
4. Give symptoms and treatment of shock.
5. Flatulence after operation; give causes and treatment.
6. Give nursing care of superficial burn.
7. Give nursing care of a case of tracheotomy.
7. State in detail how you would prepare a room in a private house for a major operation.
9. Give nursing care of an ether patient.
10. How would you recognize a fracture?

Anatomy and Physiology

1. Tell all you know about the large intestine.
2. Describe the heart.
3. Name ten voluntary muscles.
4. Name the bones of the leg.
5. Describe three kinds of joints; give examples.
6. Locate and describe the kidneys.
7. What is blood? What is its composition? What causes it to clot?
8. Name three solid foodstuffs and tell where each is digested.
9. What takes place in the lungs during respiration?
10. Name four secretions of the body and the organs which secrete them.

OBSTETRICS

1. What are the signs of true labor? At what time during labor should a nurse summon the physician?
2. What drugs should be at hand for use during labor and for care of the new-born? Give dosage and use of these.
3. State in detail how you would catheterize a patient in labor.
4. Why is it important to have the urine of a pregnant woman regularly examined?
5. Name the complications of pregnancy.
6. What is eclampsia? Give nursing care.
7. How would you resuscitate a new-born infant if asphyxiated?
8. Name three channels of infection in the new-born.
9. Give nursing care of a case of perineorrhaphy.
10. Explain the following terms:—Involution, Estopic gestation, Caesarean section, placenta previa.

A PRAYER AT PLANTING TIME

By THEDOSIA GARRISON

Now I shall make my garden
As true men build a shrine,
An humble thing where yet shall spring
The seeds that are divine,
With each a prayer I sow them there
In reverential line.

O, little is my garden space,
But great the prayer I pray;
With every seed against earth's need
That men may sow to-day,
My hope is thrown, my faith is sown
To make the harvest gay.

O, gardens spacious, gardens small,
For you my prayer is said:
That God's own hand may touch the land
And give His people bread,
As once before on that far shore
His multitudes were fed.

To-day is your day and mine; the only day we have; the day in which we play our part. What our part may signify in the great world we may not understand, but we are here to play it, and now is our time.—DAVID STARR JORDAN.

An Appeal for Christian Nurses for China

Napoleon Bonaparte is reported as having said "that when China awakes she will change the face of the earth."

There is a responsibility laid upon those of us who call ourselves Christians to make it our aim that, when she does awake, it will be as a nation that has heard, and to some extent, at least, obeyed God's call to repent and believe the gospel.

Those of us who have been even a few years in China are seeing that she is changing, that she is awaking, and we hope that the foundation of that change will be for the eternal welfare of this great people.

To this end, we, the members of the Nurses' Association of China, appeal to all Christian nurses in the homelands to reconsecrate themselves to God's service, and obey His command, "Go ye into all the world, and preach the gospel to every creature" (Mark 16:15), and heal the sick: . . . freely ye have received, freely give" (Matthew 10:8). Many of you heard the call of King or President and country, and nobly lived and worked during the years of war, seeking to "do your bit," and now this higher call comes from the King of kings to work with Him in this fight against sin.

The war is past, and to a great extent the need is also past, and it may be many of you are ready for a new and strange call to China. During the war the need was great in many lands, in China the need for more nurses is an insistent daily call. So great and so insistent, that one wonders when and how that need can ever be met.

Within the last few years the opportunities for skilled nursing, wherever hospitals have been established, have increased by leaps and bounds, and now, even in the homes of the people, "a great door and effectual" is open wide to Chinese graduate nurses.

With a population of between three and four hundred millions of people, roughly speaking, between three and four hundred mission hospitals, and between three and four hundred missionary nurses, it will be seen at a glance how inadequate the service is for the care of the sick and suffering of China.

Two, nay three, great evils—ignorance, dirt, and superstition—stand on every threshold like gaunt and hungry wolves, and, in maternity work alone, the mortality of the mother, and especially of the child, is appalling.

The women of China need you, the babies of China need you, and the Saviour of the world invites your co-operation in this great and pressing work.

The all too few hospitals are under-manned, or shall we say under-nursed. What is needed is the multiplication of our teaching staff in every branch of nursing, so that there may be, year by year, a multiplication of well-trained, efficient Chinese nurses graduating from our hos-

pitals and ready for "any manner of service" in caring for the diseased bodies and sin-sick souls of their own people.

We ask you who read and you who hear, prayerfully to consider this call to help in the fight against ignorance, disease, and sin, and to herald with us the "good news" of "repentance toward God, and faith toward our Lord Jesus Christ."

THE EXECUTIVE COMMITTEE OF THE
NURSES' ASSOCIATION OF CHINA.

Shanghai, September 4, 1919.

The Canadian Red Cross Society

(The following has been sent to the magazine by the president of the C.N.A.T.N., with a request that it be published in these columns.—Editor's Note.)

February 24th, 1920.

To Miss J. I. Gunn,
President Canadian National Association
of Trained Nurses.

Dear Madam:

Enclosed herewith is a copy of a resolution passed by the council and annual meeting of the society on February 4th and 5th. I am directed by the executive committee to submit this resolution for the consideration of your body, with the hope that your executive will approve of the suggestion and concur in the proposed plan of action.

In attempting to fulfill the peace-time obligations which chapter 25 of the Covenant of the League of Nations has laid upon the National Red Cross Society of Canada, together with all other countries which were signatories to the Peace Treaty, the need of co-operation has at all times been evident to the Canadian Red Cross. The enclosed resolution is, therefore, an attempt at co-ordination, which, it is hoped, you will approve and will further.

If it is the pleasure of your executive to name the representative, as suggested, an early reply will be appreciated, so that the proposed conference may be arranged without undue delay.

Sincerely yours,

A. E. MILES, Secretary.

RESOLUTION

Whereas, under the terms of the Peace Treaty, a League of Red Cross Societies was called into existence;

And, whereas, the Canadian Red Cross Society, in accepting membership in the league, has hereby become responsible for carrying out

the objects set forth in the treaty, viz., the promotion of health, the prevention of disease, and the mitigation of suffering;

And, whereas, it is the policy of the Red Cross Society (a) to carry out its peace-time work in cordial and intelligent co-operation with other nationally organized and voluntary bodies also engaged in the promotion of public health service, and (b) to assist in bringing about, by the voluntary action of such bodies, co-ordination, to the largest practical degree of their activities, in order that the greatest good may be done with the most economical and effective use of all available resources:

Therefore be it resolved:

(1) That the Executive Committee be directed to arrange for the formation of a committee, to be called the Red Cross Advisory and Consultative Committee, to be constituted as hereafter provided for;

(2) That the duties and powers of the committee be: (a) To advise its constituent bodies on means whereby, by their voluntary action, the largest measure of co-operation between and amongst them may be secured, and the greatest degree of appropriate co-ordination of their activities may be arranged (b) to take into consideration any suitable question submitted by any of the bodies represented on it, and to report the result of such consideration to all its constituent bodies;

(3) That the Executive Committee appoint three representatives, and that each Provincial Branch be requested to appoint a representative;

(4) That the Dominion Department of Public Health, the St. John Ambulance Association, the St. John Ambulance Brigade, the Victorian Order of Nurses, the Canadian Society for the Prevention of Tuberculosis, the Canadian National Committee for Combatting Venereal Diseases, the Canadian National Committee for Mental Hygiene, and the Canadian National Health Association, and other eligible bodies, be each invited to appoint two representatives;

(5) That the Canadian Medical Association, the Canadian National Association of Trained Nurses, the Canadian Association of Public Health Officers, and the Association of Medical Officers of Canadian Militia, be each invited to appoint two representatives;

(6) That the Executive Committee be directed to arrange for the calling and holding of the first meeting, and that thereafter the Advisory and Consultative Committee arrange the order of its own procedure.

By special arrangement with the National Committee for the Prevention of Blindness, the Canadian National Institute for the Blind is distributing the Committee's Publication No. 2, "Take Care of Your Eyes—They Are Your Breadwinners." The Canadian edition bears the footnote, "Published in Canada by the Canadian National Institute for the Blind, Toronto, Ontario, and in the United States by the National Committee for the Prevention of Blindness, Inc., New York, N. Y."

Are You Living In An Old Shoe?

Contributor Makes Plea for Plenty of Fresh Air and Sunshine

By Miss M. Hastings,
Public Health Nurse of the Manitoba Provincial Board of Health

"There was an old woman who lived in a shoe,
She'd so many children she didn't know what to do!"

Some shoes are very small—they cramp one, and they are dark inside; so are some homes. Why didn't the old woman get out? Lots of room outside! Why was she old, with lots of children? She just stayed in, and became "Martha-ish." Then, the story goes on, at the end of a perfectly awful day, when her nerves were worn to a frazzle, "she spanked them all well and put them to bed." No; she didn't wash their tired little hands and faces, or undress them leisurely by the glowing stove; no little prayers; no fairy tale, as they lay snugly a-bed, to speed them off to dreamland. My dear Mrs. Manitoba, where are your babies? Are they all tucked away for the winter in the dark shoe? Lots of room outside—fresh air, too! It must be fresh, because most of the stale air is shut up in the homes. Windows were first made for two purposes—to admit light and to admit air.

Our windows are usually made in two parts; there is a wooden sash in the middle. This seems to have been put there for Mrs. Manitoba to measure by, so that her blinds shall be all evenly down half way! Why waste your glass for the upper half? Who wants the sunlight in? Set the geraniums on the window-ledge; they must have sunlight, or they will become pale and not blossom; and they will be so useful to keep the sunlight from "Little Willie." Stay! that is not enough. Drape the windows generously with net or scrim.

We must save money. Certainly, but yes, my friend! We must economize. Mrs. Palem's Compound costs so much! Dr. Chasem's Nerve Soother has gone up in price. Let us load up the medicine cupboard and the kitchen cabinet with cough mixture and Squealer's Soothing Syrup. Those ancient Greeks who worshipped Apollo, the sun god, and brought the sick out into the sunlight for his gift of healing, were heathen! *We* are enlightened. One feels sorry for the baby who arrives late in the year and is likely to be shut in all winter, but sorrier for the little two-year-old and four-year-old. How they patter eagerly to the door when they hear a knock! I think it must be to get a glimpse of the big, unfamiliar out-of-doors. There are dull, cold days, with wind, when perhaps wee folk are best at home; and there are babies who have no comfortable, warm carriage or wrappings. One wishes a kind fairy would come along for them. Oh! you shut-in mothers, I wish I could sing, with the Spring poet:

"Come out, come out, my dearest dear,
Come out and greet the sun;
For all the world is out but you,
And winter's nearly done.

A man was asked to count the number of babies on S—— Avenue one afternoon. He counted quite a number and was doubted. Being merely a man, he said they all looked alike to him. It was discovered he was counting the same six babies over again.

Dominion Income Tax

Forms for filing Dominion income tax returns for the year 1919 have now been supplied to all postmasters, and, in view of the fact that the 1919 amendment to the Income War Tax Act calls for a penalty of 25% of the amount of the tax should the taxpayer fail to file his return on or before April 30th, 1920, all persons who are taxable should see that their returns are recorded by the date named, otherwise the penalty set out in the Act must be strictly adhered to. Under the Act the onus of completing a return within the prescribed time limit rests entirely with the taxpayer, without any notice or demand by the department; on the other hand, all persons who are requested to file returns, whether they consider themselves liable to tax or not, must make such returns as are required.

All unmarried persons, widows or widowers, without dependent children, whose gross income exceeds $1,000.00, and all married persons, widows and widowers, with dependent children, whose gross income exceeds $2,000.00, are required to make returns.

All incorporated companies, whose gross income exceeds $2,000.00, are required to make returns.

The following are the rates of tax for 1919:

Four per centum upon all income exceeding one thousand dollars but not exceeding six thousand dollars in the case of unmarried persons and widows or widowers without dependent children, and persons who are not supporting dependent brothers or sisters under the age of eighteen years, or a dependent parent or parents, grandparent or grandparents; and exceeding two thousand dollars but not exceeding six thousand dollars in the case of all other persons; and eight per centum upon all income exceeding six thousand dollars; and, in addition thereto, a graduated surtax is levied on all incomes exceeding $5,000.00. The rates commence at 1% between $5,000.00 and $6,000.00, and run to 65%, where the income exceeds $1,000,000.00.

Corporations and joint stock companies, no matter how created or organized, shall pay ten per centum upon income exceeding two thousand dollars.

The following are the forms used for filing returns:

Form "T" 1—This form is for filing returns of all individuals (except farmers and ranchers), and should be completed for the calendar year, except in the cases of proprietors and partners in business, who may file a return in conformity with their books for their fiscal year falling within the calendar year 1919. To be filed on or before the 30th April.

Form "T" 1A—This form is to be filed by farmers and ranchers and should be completed for the calendar year. To be filed on or before the 30th April.

Form "T" 2—This form is for use of incorporated companies and should be filed for the fiscal year or calendar year ending in 1919. To be filed on or before the 30th April.

Form "T" 3 is for the trustees, executors, administrators, agents, receivers, or other persons acting in a fiduciary capacity. Returns are required for the calendar year in all cases where the gross income exceeds $500.00, whether distributed or not. To be filed on or before the 31st March.

Form "T" 4—To be filed by employers, showing wages, salaries, commission or other remuneration paid. To be filed on or before the 31st March.

Form "T" 5—Returns to be filed by corporations showing dividends paid during the calendar year. To be filed on or before the 31st March.

All persons who should file returns on Forms T-3, T-4 and T-5, who fail to do so before the 31st March, are liable to a penalty of $10.00 for each day during which the default continues.

MAPLE SUGAR PROFITABLE

Sugar maple trees are a specially valuable asset to a farm this year. Regular commercial sugar is scarce and high. There is money in maple sap, and beyond the work it is practically all profit. You don't have to plough, or harrow, or fertilize the ground for the maple harvest. You don't have to do any spring seeding, and you don't have to wait patiently from spring to fall. The maple season comes at a time when other farm work is slack. The trees require no spraying, pruning, fertilizing or watering. They stand, as a rule, on untillable or rocky land. The maple tree was a Godsend to Canada in pioneer days. It is no less so now in the war scarcity of sugar.

You will confer the greatest benefits on your city, not by raising its roofs, but by exalting its souls. For it is better that great souls should live in small habitations than that abject slaves should burrow in great houses.—EPICTETUS.

The American Red Cross Bureau of Information for Nurses

Among the most interesting organizations which have arisen from the participation of American nurses in the world war is the Red Cross Bureau of Information at 44 East 23rd Street, New York City, established as a national clearing house of advice and information service in all phases of the nursing profession.

Organized in February, 1919, by the American Red Cross, primarily to help nurses then being demobilized from military service to re-enter former occupations or to take up new branches which interested them, the Red Cross Bureau of Information is now facing its peace-time programme as a national center of advice and information for the American nursing profession. As it has been established by the Red Cross, in co-operation with the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, it has been in a position to secure detailed information regarding opportunities for nurses in all branches of the profession, as well as in all parts of the United States. As has been tersely expressed, one of the principal aims of the Bureau of Information still remains, "Jobs for nurses and nurses for jobs."

What are these opportunities which the Bureau of Information offers? Primarily, the cry comes for public health nurses of broad training and experience, who can meet the tremendous awakening of the citizens of the United States to the value of the community nurse as the best means through which individual health education and protection can be maintained. Especially is the need felt for public health nurses for rural and small town communities, "on the old gold fields of the Pacific shore, in the rural districts of the Rocky Mountains, in the cotton fields of the south, at the little rural centers in the great western corn belt, in the fertile New York farming country, in industrial and rural New England."

The life of a rural public health nurse is one of constant and varied interest. Her duties take her to the country schools, where she teaches the youngsters hygienic habits of life, and detects faults of development which may often be remedied through prompt medical care. Her Ford car, or a saddle-horse, may carry her up the creeks to hunt out little Johnny Adams, whose mother is only "too willin' to get him braces with the egg an' butter money, if he can only be cured of his ailin' back." On the way home she may stop to make little Annie Brown and her new baby comfortable for the day, for bedside nursing is one of the most direct ways that the community nurse can gain the confidence and love of her district. In the afternoons baby and child welfare clinics, during which she assists the local physicians, and classes in home hy-

giene and care of the sick may take her time, until the days seem only too short.

The salaries now being offered in public health nursing are steadily increasing. An experienced public health nurse usually begins in a new position at $100.00 a month, increasing to $1,500.00 and $1,800.00 a year in a short time, while the prominent executive positions have much higher compensation. Office accommodations, and usually an automobile or a horse and buggy, are furnished by the Red Cross Chapter, or the community which supports the nursing service. Far more, however, than monetary compensation comes to these nurses who guard the public health; the eight hours of duty allow them to have their own home and fireside, with perhaps a flower and vegetable garden if they are in the country. In the large cities, public health nursing is under the control of well-organized associations, so the nurse who prefers urban life may still return to her own apartment after a day's work in the tenement-house districts. Lastly, the public health nurse becomes an honored member of her community, adored by the youngsters over whom she watches, and respected and honored by the citizens of her district.

The Public Health Division of the Bureau of Information, from February, 1919, to September, 1919, has gotten into communication with 1,274 nurses interested in public health nursing, and has received requests for public health personnel from 366 organizations. For nurses who are not already trained in public health nursing, it gladly furnishes information about the Red Cross scholarship and loan funds for esuipping nurses to enter this work, and also about the general educational phases of this highly specialized phase of the nursing profession.

For the nurses who are interested in hospital and institutional work, the Division of Institutional Assignment offers excellent opportunities for securing advice and information regarding positions in this field. During the eight months since its establishment, from February through to Sept. 15th, 1919, 1,716 vacancies in hospitals have been reported to this division, and 2,353 nurses' names have been entered in its files for placements. Although the nurses are slow to report back to the Bureau when they accept a position to which they have been referred, the Division of Institutional Assignment has definite information that 805 nurses have been placed through its activities.

Not only does the Division of Institutional Assignment receive requests from hospitals for personnel ranging from hospital superintendents to X-ray technicians, and laboratory assistants, but it has also assigned 398 prospective student nurses to various civilian hospitals, and has received from 204 of these institutions requests for student nurses amounting to 1,478. Among its allied activities, it gladly furnishes advice and information regarding opportunities for post-graduate and special courses. An interesting side-line which has been developed in connection with nurses returning incapacitated from military service has been to advise them of the opportunities available to them through the

Federal Board of Re-Education, the War Risk Insurance and the Boards of Military and Civilian Relief.

In view of its affiliation with the leading nursing organizations of the United States, its central location and its nation-wide co-operation with national and state agencies interested in various phases of the nursing profession, the Red Cross Bureau of Information is in a position to "take the pulse of the nursing profession in the United States."

The Red Cross Bureau of Information welcomes the opportunity to offer advice and information to nurses of other countries, who may call at 44 East 23rd Street, New York City.

THE NEED OF ECONOMY

If ever economy was called for, it is now. In war-time, the need was more evident, but not more real. We could make it very personal then by saying we were saving meat, wheat and sugar that the soldiers might not lack those essentials. We rallied to Mr. Hoover's standard, for we knew that we were at war, and to secure victory in war meant self-denial and the husbanding of resources. Our mental fallacy lies in thinking the war is over. Peace may have been signed, but the economic disturbance has not subsided. The waves are still running high. Caution is yet necessary, or the boat may capsize. The people who are spending money lavishly for jewels and other non-essentials are rocking the boat.

—*The Christian Register.*

If you were busy being kind,
Before you know it you would find
You'd soon forget to think 'twas true
That someone was unkind to you.
If you were busy being glad,
And cheering people who are sad,
Although your heart might ache a bit,
You'd soon forget to notice it.

REBECCA D. FORESMAN.

'Tis a curious fact, but past all doubt,
That the more of happiness one gives out
The more he has left, and the more his powers,
As a gardener strips a bed of flowers
That more shall bloom, so strip your soul
That another's happiness be made whole;
And lo! in the quick winged second after,
'Tis filled with the blooms of love and laughter.

—ANON.

Regulating Day Nurseries

One of the undesirable things which has come about through the dilution of labor is that mothers of young children have forsaken their homes in order to enter factories. The children have, in many cases, been entrusted to inexperienced or unsympathetic caretakers. A wretched kind of day nursery has sprung up in some cities, where the only idea seems to be to keep the children together, regardless of hygienic and sanitary regulations. The women of Cleveland, Ohio, have made a thorough investigation of this social evil, and the result is that the city council has been petitioned to pass a day nursery ordnance patterned after that in New York and Chicago.

The basic idea is conservation of infant life by discouraging the mother from going into industrial life. It makes the establishment of day nurseries by factories very difficult because of the strict requirements in medical supervision, adequate buildings and attending nurses. The small home nursery, against which this campaign is waged, will be entirely eliminated. Instead of working a hardship to the mother who is compelled to work in factories, the new law will befriend her by taking even better care of her child than she could do unaided. These day nurseries, properly conducted, should prove most effective centres for teaching sanitary and hygienic living.

The New York Centre of Day Nursery Association has prepared a list of "essential standards of a day nursery." Few places have put day nurseries under municipal inspection or regulation, but this is a step in the right direction if abuses are to be stamped out. Municipal lodging houses are held to strict compliance with the latest standards of living. If tramps and outcasts are so guarded and befriended, why not the innocent child for whom every one in the community is responsible?

The "essential standards" referred to are as follows:

(1) Hygienic plumbing.
(2) Walls, ceiling, floor finished to be washable.
(3) Examination of child, before entrance, by a physician.
(4) Examination of child, stripped if possible, by a physician once a month.
(5) Investigation of case before entrance.
(6) Thorough investigation of exceptional cases.
(7) Two meals a day to each child.
(8) Nursery aprons for all children; nursery clothes for infants when possible.
(9) Use of dietary recommended by the Federation.
(10) Separate towels, spoons, etc., for each child obligatory.
(11) Eight infants or sixteen roundabouters only for each attendant.

Every kindergarten teacher should have an assistant for more than 30 children.

(12) Keeping a simple record for each child. Printing of annual report following suggestions of Federation.

The question of day nurseries will assume vastly more importance in the coming era of reconstruction, and it is not too soon to begin a thorough study of what may be an immense help to society or just the reverse.

Kill Flies and Save Lives

Kill at once every fly you can find and burn his body.

Observers say that there are many reasons to believe there will be more flies this season than for a number of years.

The killing of just one fly *now* means there will be billions and trillions less next summer.

Clean up your own premises; see and insist that your neighbors do likewise.

Especially clean "out-of-the-way places," and every nook and cranny.

Flies will not go where there is nothing to eat, and their principal diet is too filthy to mention.

The Fly Is the Tie that Binds the Unhealthy to the Healthy

The fly has no equal as a germ "carrier"; as many as five hundred million germs have been found in and on the body of a single fly.

It is definitely known that the fly is the "carrier" of the germs of typhoid fever; it is widely believed that it is also the "carrier" of other diseases, including possibly infantile paralysis.

The very presence of a fly is a signal and notification that a housekeeper is uncleanly and inefficient.

Do not wait until the insects begin to pester; anticipate the annoyance.

April, May and June are the best months to conduct an anti-fly campaign.

The farming and suburban districts provide ideal breeding places; and the new-born flies do not remain at their birth place, but migrate, using railroads and other means of transportation, to towns and cities.

Kill the flies and save lives!

Recipes for Killing Flies

The United States Government makes the following suggestion for the destruction of house flies: Formaldehyde and sodium salicylate are

the two best fly poisons. Both are superior to arsenic. They have their advantages for household use. They are not a poison to children; they are convenient to handle; their dilutions are simple, and they attract the flies.

Preparation of Solutions

A formaldehyde solution of approximately the correct strength may be made by adding three teaspoonsful of the concentrated formaldehyde solution, commercially known as formalin, to a pint of water. Similarly, the proper concentration of sodium salicylate may be obtained by dissolving three teaspoonsful of the pure chemical (a powder) to a pint of water.

A container should be arranged convenient for automatically keeping the solution always available for flies to drink. An ordinary, thin-walled drinking glass is filled, or partially filled, with the solution. A saucer, or small plate, in which is placed a piece of *white* blotting paper cut the size of the dish, is put bottom up over the glass. The whole is then quickly inverted, a hatch placed under the edge of the glass, and the container is ready for use. As the solution dries out of the saucer the liquid seal at the edge of the glass is broken and more liquid flows into the lower receptacle. Thus the paper is always kept moist.

Other Simple Preventives

Any odor pleasing to man is offensive to the fly, and *vice versa*, and will drive them away.

Take five cents' worth of oil of lavender, mix it with the same quantity of water, put it in a common glass atomizer and spray it around the rooms where flies are. In the dining-room spray it lavishly, even on the table linen. The odor is very disagreeable to flies, but refreshing to most people.

Geranium, mignonette, heliotrope and white clover are offensive to flies. They especially dislike the odor of honeysuckle and hop blossoms.

According to a French scientist, flies have intense hatred for the color blue. Rooms decorated in blue will help to keep out the flies.

Mix together one tablespoonful of cream, one of ground black pepper and one of brown sugar. The mixture is poisonous to flies. Put in a saucer, darken the room, except one window, and in that set the saucer.

To clear the house of flies, burn pyrethrum powder. This stupefies the flies, but they must be *swept up* and *burned*.

Recipes for Stables, Barns and Out-of-Doors

Borax is especially valuable around farms and out of doors. One pound of borax to twelve bushels of manure will be found desirable as a poison without injuring its manurial qualities or farm stock. Scatter the borax over the manure and sprinkle with water.

Lye, chloride of lime, or copperas (sulphate of iron) dissolved in water, crude carbolic acid, or any kind of disinfectant may be used in vaults.—*The Merchants' Association of New York.*

A Few Practical Suggestions

1. With the patient on the third floor, an electric iron can be used very well during the night to prepare the night nourishment. Invert the iron and place it across the top of a small pail for support, and you have a very handy fireless cooker.

2. Mix one tablespoon of lavender water with several times the amount of pure olive oil. Apply a little at a time, and rub it into the body well with the entire hand, using a rotary motion, keeping the patient warmly covered during the treatment, is excellent for the emaciated.

3. In an obstetric case, on the first day of lactation, instead of binding the heavy, painful breasts with a bandage, adjust a brassiere upon the patient, lacing it at the back. While the garment is open for nursing, it still supports the breasts very comfortably.

4. After corks have been used a while, they sometimes become so compressed that the contents of the bottle leak out. By putting them in boiling water and leaving until the water cools, they will fit as good as when new.

5. Vinegar is an excellent substitute for alcohol when a sponge is necessary to reduce fever.

6. When giving alcohol rubs, put the alcohol in a toilet-water bottle with a sprinkler top. While sprinkling on the alcohol with one hand, rub the patient with the other which will save both time and alcohol.

7. By slitting the nightgown up the middle of the back to the yoke-line, it can be changed by just slightly raising the head and shoulders. Other advantages of this method: It makes one less article to become soiled in case of accident, and reduces the danger of bed-sores from wrinkles, as the gown is not under the body, the edges only being tucked under at each side of the patient, who rests directly upon the tightly-drawn, draw-sheet.

8. An excellent remedy for bee stings is to bathe the part with vinegar as soon as possible, which soon stops the pain and reduces the swelling, if done immediately will scarcely swell at all, it is an old true and tried remedy in our family.

9. A few sheets of toilet paper laid in the bedpan before placing it for the patient greatly aids in its cleaning.

10. It is sometimes a problem to provide a sanitary method of caring for patients who are using sputum cups. A very good substitute for the real cups may be made from newspapers. Take a double sheet, fold together, then in half, then through the centre, then twice more. This makes a folded pad four or five inches in size with several compartments which may be used and then closed, and when used up is easily destroyed by burning.

11. A good way to prepare cold compresses is to place a large piece of ice in a basin, pour a little alcohol or bay rum over it, and lay

the compress over it, it will become cold without being too wet. Which will do away with the uncomfortable drip in the ears and down the back of the neck, from a compress that is wet in water.

12. Take a piece of heavy material and fold several times, so that it is about three by six inches; sew together and fasten a tape about six inches long at each end, tying the tapes to the door-knobs. This pad muffles the sound and also keeps the door in place when closed.

13. A nurse can reduce the laundry bill by having an apron large enough to cover her uniform, to slip on when she must do work liable to soil her dress.

14. Make the poultice in the usual manner, and pour into a well stitched bag large enough to cover the desired surface. Sew up the opening securely and stitch on a wide bandage at one end. Place in position and cover with layers of muslin or oiled silk, pass bandage around body to hold poultice in place, and pin securely.

MAKING THE CHILDREN PAY

Just what war means to Austrian children is disclosed in a report published in the *Arbeiter Zeitung* of Vienna. Of children of school age, more than one-third are engaged in some kind of work; in some districts all such children are at work. Out of every 100 children from six to eight years of age, 18 are at work; from nine to ten years, 35 are at work; between 11 and 12 years, 50; between 13 and 14, 52. Saddest of all is the fact that two-fifths of these children have been working from the time they were five or six years of age. Another startling fact is that 95 out of every 100 children at work were employed steadily during the school year, as well as during holiday periods. Fifty-two weeks each year marks the employment period of three-fourths of the child workers, and much of the work is performed at home with the parents. Night work claims about one-fourth of the toilers. Even Vienna sees the crime that is being committed against its own flesh and blood, and is considering legislation that will prohibit child labor before the age of twelve, except on farms and in the household. One who lives in civilized lands, where human beings are not regarded as beasts of burden, can see great hardships in even the new ruling.

"Our dead accompany you. Although invisible, they are in the midst of your cortege, where the mysterious, unerring instinct of the widows and of the bereaved mothers will discern their cherished image. At the same time, with you, they will receive the offerings of flowers and of tears. Together you will pass under this Arch of Triumph whose loftiness and magnificence are scarcely adequate to your glory." (Words of the Prefect of the Seine, M. Autrand, when saluting the arrival of the troops at the gates of the capital last July 14.)

—*News Letter.*

The Nutritional Value of the Banana

V. C. Myers and A. R. Rose, New York, give a report of the results of their study of the banana as a foodstuff. Bananas, they say, have a very high caloric value, greater, in fact, than that of any other common fruit in its natural state. Bananas can also be readily obtained at any time of the year, and at a cost per calory about half that of other fruits. The peel of the banana is an almost complete protection from the dangers to which ordinary foods are exposed. Their experience indicates that, besides its general sanitary advantages, it may be used to advantage in the dietaries of nephritic patients showing nitrogen retention, as ripe bananas contain only small amounts of sodium and large amounts of readily assimilable carbohydrates (glucose, fructose, and sucrose). The fact that it yields these different sugars is of considerable interest, for, as Higgins has pointed out, levulose and sucrose appear to be burned more promptly when taken on an empty stomach than glucose, suggesting that they play a slightly different role in metabolism. Raw fruits are advantageously eaten only when they are thoroughly ripe, and perhaps the worst criticism is that they are often sold in an unripe condition. This is partly due to a popular misunderstanding that they should not be eaten after brown spots appear on the skin. These, however, when they first appear, really indicate that the fruit is ripe, and the spread of the brown coloration does not necessarily condemn it so long as the pulp inside shows no signs of fermentative decomposition. A table is given of the appearances of the peel indicating the stages of the ripening process and the composition of the banana at each. Another table is given showing the protein and caloric contents of the various other common fruits compared with that of the banana, and still another, showing the ash constituents in percentage of the eatable portion. The only criticism, they say, that can be made regarding the composition of the banana has to do with its salt content. Relative to the calcium, the content of magnesium is high, and high figures are also noted for the potassium and chlorin content, which is similar to that found in the potato, except that here the magnesium and potassium are combined with phosphorus rather than with chlorin. The high chlorin content might possibly prohibit the free use of bananas in cases of nephritis with edema, but it is in this type of case in which the nitrogen retention is usually low, and there is no great need of restricting the protein intake. It is of interest that both banana and potato yield an alkaline ash and are, therefore, antagonistic and acidosis development. The banana starch in unripe bananas is like other raw starch, poorly utilized, but when the fruit is fully ripe this is not the case, as is shown by the author's report of experiments here tabulated. The fact that bananas may be eaten uncooked is of importance. It is hoped that dietetic experiments with nephritic patients may be reported in the near future.—*Journal A. M. A.*

Editorial

It is with great regret that the Editor reports that, owing to family reasons, Miss Elizabeth Robinson Scovil, whose departments in the magazine have been among the most interesting and useful, will be obliged to stop two of them with the May issue. She will continue to give us "News of the Medical World," and hopes to be able, before many months elapse, to resume the others. The thanks of the Editor and readers of the magazine are heartily given to Miss Scovil for her work in this connection. Never has her contribution been late, and all her writing is in long hand, which makes the effort of sending so much copy much more laborious.

* * * *

The nursing profession being comparatively such a young one, the important point of providing for the time when active work will not do for us has hardly been considered. If it has, it is only by some individual nurse; never as a body have we planned any relief for this condition. To any thoughtful person it must be evident that the average nurse cannot, during her active life, save enough to care for her when she is unable to work so strenuously. Some form of income insurance must be arranged for, and it would seem that here is a practical point for associations to take up. The study of Government and other forms of annuities, endowment policies, and sickness and accident insurance, would be one very interesting topic to take up at our meetings. The nurse as a risk is unusually good, through the elimination process which begins before she can enter the training school and goes on through her training. It would pay our commercial insurance companies to take this matter up, with perhaps special preferential rates for our profession.

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EDITOR'S NOTE

The Editor has been asked to insert the following notice from the convener of the Nominating Committee of the C.N.A.T.N.:

"Will the affiliated organizations of the C.N.A.T.N. kindly send in list of officers for 1920-1921 which they wish to be nominated for election at the convention in July? Nomination blanks were sent out in January of this year by the convener of the Nominating Committee, Mrs. A. E. Stevens, 405 Broadway Avenue, Winnipeg, Man. As yet, returns have been coming in very slowly. It is therefore urged that this matter receive the immediate attention of all concerned, and that reports be sent to the convener, at the above address."

Letters to The Editor

Dear Madam:

For some time the Department of Nursing of the American Red Cross has been making an effort to assist the mother of a soldier, who was killed in the World War, to locate the nurse who was with him when he died, but up to the present writing have been unsuccessful.

In the hope that we might eventually locate her, we have sent in a request to the *American Journal of Nursing* to insert a notice, and we would appreciate it if you would consider giving space to the same.

Attached is the information which we have regarding the circumstances.

Thanking you in advance, should you consider this request, I am,

Yours very truly,

CLARA D. NOYES,
Director Department of Nursing.

Mrs. H. C. Rydell, 705 Cookman Avenue, Asbury Park, N. J., is most anxious to locate or secure the address of Miss Anna C. Foster, a nurse, who served overseas during the World War, and who either cared for or knew who the nurse was that cared for her son, Corporal Charles K. Rydell, Company E, 114th Infantry, of the United States Army.

It seems that Miss Foster, upon her arrival in the United States, wrote to Mrs. Rydell that she had some information regarding her son and would write at greater length, but, unfortunately, she gave no address.

Miss Anna C. Foster is not a Reserve or member of the Regular Army, so the American Red Cross has been unable to locate her.

Don't expect your patients to provide you with special appliances or tools for your work. Every doctor has his own appliances; every carpenter and plumber has his kit of tools. Have yours also.

Science is a beautiful thing, undoubtedly, and of itself well worth all the labor that man may bestow upon it; but it becomes a thousand times grander and more beautiful when it becomes a power; when it becomes the parent of virtue. This, then, is what we have to do; to discover the truth; to realize it out of ourselves in external facts, for the benefit of society; in ourselves, to convert it into a faith capable of inspiring us with disinterestedness and moral energy.—GUIZOT.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

The monthly meeting of the C. N. A. was held in the club-room on Tuesday evening, March 2nd. After the transaction of usual business, Dr. Zenatine gave an interesting and instructive lecture on "Foot Deformities and Correction."

The association regrets very much the loss of one of the members of the committee, Miss Louise Stewart, who goes next month with her family to reside at her old home in St. John, N. B. The nursing profession of Montreal loses a valued friend, while that of St. John will gain an enthusiastic new member.

The committee of the C. N. A. are giving a small "At Home" on Saturday evening, 20th inst., for Miss Stewart; Miss Buck, of the R. V. H., who is leaving the city, and Miss Colquhoun, a former president of the association, who has been visiting Montreal and is returning to California.

Miss Wainwright and Miss Lucy White spent a week at Waterbury Inn, Vt., lately.

Miss Susy White goes to New York for a short time next week.

Miss A. M. Cooper has recently accepted the position of dietitian at Jeffery Hale Hospital, Quebec.

Fame awaits the first baby to be born in an airplane.—S. E. KISER.

We must be as courteous to a man as we are to a picture, which we are willing to give the advantage of a good light.—*Behavior.*

One of the special needs of our day is more time for meditation and reflection.—CANON MACCOLL.

News from The Medical World

By Elizabeth Robinson Scovil

Synthetic Camphor

As there is a scarcity of camphor gum, efforts are being made to produce camphor on a large scale from oil of turpentine, which is procured by distillation from resinous woods. Japan has been trying to establish a monopoly in camphor; but the natural gum can be obtained from the leaves of the camphor laurel, which grows in Tonkin and Algeria.

Home and Public Health Nurses

The Commissioner of Health in Chicago states that there was established in that city, in August, 1919, a school for home and public health nursing to graduate housekeepers for the sick. The course is two months. The pupils spend two hours a day for three days a week in class. Physicians and nurses give the teaching. The demonstrations include bed-making, bathing, sponging, taking temperature, pulse and respiration, bandaging, first aid, etc. There were lectures on contagious disease nursing and obstetric nursing, also on the nursing of the tuberculous. Absolute adherence to the physician's orders and surgical cleanliness were impressed on the pupils. The latter was illustrated by visits to the surgical amphitheatre of a large hospital during an operation. It is expected that ten thousand women will have been trained in this school at the end of the first year of its existence. It is not intended to supplant the registered and highly trained nurse, who has her own field of service, but to supply the needs of those who cannot afford the services of a professional nurse.

Teeth as the Cause of Disease

There seems to be a reaction from the theory that diseased teeth are responsible for many maladies. A prominent American dentist does not believe that all the shadows in roentgenograms of dead teeth are abscesses, or that these teeth should be extracted ruthlessly. Another says that dental diseases are rarely the sole cause of the morbid states for which gums and teeth may be held responsible. Before teeth are condemned, it is a matter of vital importance to determine if other than oral infectious foci are not present.

Peritonitis in Typhoid

A French physician maintains that the slightest suggestion of peritonitis in typhoid fever requires absolute rest, absolute fasting, and the application of ice to a large part of the abdomen. The slightest move-

ment should be prevented, and nothing should be given but hypodermics of artificial serum.

League of Red Cross Societies

The first meeting of the general council of the League of Red Cross Societies is to be held in Geneva. The united societies of Great Britain, the United States, France, Italy, Japan and other countries are to be represented. There is a governing board of fifteen members, of which an American is chairman. The establishment of a bureau of health, with a director, advisory council and permanent staff, is recommended. It is hoped to undertake an intensive campaign against typhus fever, to extend and develop child welfare work, to encourage the world with establishment of public health laboratories, to compel the registration of vital statistics, and to adopt a definite programme for the control of venereal diseases, tuberculosis and malaria.

Boiled Vegetables and Diabetes

In a paper in the *Lancet* it is stated that changing the water three times in cooking vegetables to be eaten by diabetics markedly reduce the amount of carbohydrate that they contain. From four to thirty times the amount of the thrice boiled vegetable can be used as of that cooked in one water. Celery, sliced turnips and carrots, spinach and rhubarb are among the best suited for this purpose.

Gas in Warfare

A Belgian medical journal says that the use of gas in warfare did not originate in the late war. Amongst other instances, it is stated that the Japanese used toxic gases against the Russians in 1905. German documents captured by the Allies show that shifting of the wind, driving the gas back on them, did great damage in the German lines. The newspapers of the Allies did not publish meteorologic reports during the war, so the Germans were without reliable weather statistics.

The Effect of Food Restriction

An interesting article on the effect of the restriction of food in Denmark during the war says that man can retain full vigor for a year on a diet of potatoes, with a little fat added, and for six months or more on barley and fat. Bran was found to be a very valuable food, well digested by man. The people, having had long experience in making rye bread, were able to make it good and palatable. They mixed wheat bran with the rye flour and obtained good results, while the German bread was soggy and sour. The principle foods were bread, barley porridge, potatoes, greens, milk and some butter. During the year of severe food regulation the death rate fell 34 per cent. It is concluded that man should eat more bread and not so much of the more costly foods.

Public Health Nursing Department

The decision of the annual meeting in Vancouver to form a public health section of the Canadian National Association of Trained Nurses was acted upon immediately by the executive, which appointed a committee of five representative nurses to organize the section. The committee is as follows: Miss Eunice H. Dyke, convener, Director of Public Health Nursing, Department of Public Health, Toronto, Ont.; Miss O. Z. De Laney, District Superintendent of Nurses, Victorian Order, Montreal, Que.; Miss Elizabeth Russell, Superintendent of Provincial Nurses, Department of Public Health, Manitoba; Miss Jean E. Browne, Director of School Hygiene, Department of Education, Saskatchewan; Miss Elizabeth G. Breeze, Superintendent of School Nurses, Vancouver, B. C.

The public health page of the magazine has been assigned to this committee, which has urged each provincial association to make one of its members responsible for privincial news items. The special representatives so far appointed by the provincial executive are: New Brunswick, Miss Sarah Eroph, R.N.; Ontario, Miss E. J. Jamieson, Miss Beryl Knox, Miss Eunice H. Dyke; Manitoba, Miss Elizabeth Russell, R.N.; Alberta, Miss Christine Smith, R.N.; British Columbia, Miss Janet Campbell, R.N.

Address all communications to Chairman of Public Health Section of the Canadian National Association of Trained Nurses—Miss Eunice H. Dyke, City Hall, Toronto, Ontario.

QUESTION BOX

Questions will be forwarded by the chairman to nurses qualified to discuss the particular subjects.

Replies will be published in this department.

"There are rare epochs in the history of the world when in a few raging years the character, the destiny of the whole race is determined for unknown ages. This is one. The winter wheat is being sown. There are many storms to pass through, there are many frosts to endure, before the land brings forth its green promise. But let us not weary in well doing, for in due season we shall reap if we faint not."

—LLOYD GEORGE.

Question Box

To the Editor of *The Canadian Nurse*:

I am not sure that you are justified in inducing sudden shocks, such as befell one of your peaceful, law-abiding subscribers on reading the section of your magazine entitled, "Public Health Nursing Department." But to be challenged by a knight of such prowess as the undersigned, "E. Johns," is an honor not to be lightly esteemed; and so I buckle on my armor.

It must be observed, however, that I am on the defensive; hence, the burden of proof must lay with my challenger. In order to give her a clear field, I wish to call your attention to various definitions of the term "nurse," and its ramifications, already accepted in the English language. The Encyclopædia Brittannica classifies nursing as follows: "Fever, insanity, district nursing, monthly nursing and midwifery, male nursing, massage and children."

The Encyclopædia Americana makes mention of trained nurses and registered nurses; while possibly the most up-to-date Encyclopædia, "Nelson's Loose-Leaf," gives the following classification of socialized nursing activities: "District or visiting nursing, public school nursing, war nursing, industrial nursing."

Now even a modest person does not wish to emphasize what she is not. Consequently, I shall now declare what I am, giving the neces-

sary proof in each case: I am a trained nurse (witness my diploma); I am a registered nurse (witness my certificate); I am a school nurse (witness my salary cheques paid to me for a number of years by virtue of qualifications therein implied). I was told once that I was a born nurse, but I have really no proof to offer.

Now if Miss Johns will make good her challenge, I shall be pleased to call myself any other kind of nurse which she may decide upon.

JEAN E. BROWNE.

To the Editor:

I have received a request from authorities higher up to step up and answer the question, "Is the definition of a public health nurse in Canada as outlined by the National Organization for Public Health Nursing of America?"

I see, on looking at the *American Journal of Nursing* for February, 1920, that such celebrities as Ella P. Crandell and Ethel Johns have already been "on the mat." I am undecided in my mind as to whether, for the first time in my life, I am to be classed amongst the truly great or whether it is a case of "trying it on the dog." An American and his wife went to Italy for the first time, and, with the thoroughness characteristic of her nationality, the lady insisted on her husband seeing everything of an educational nature. Her patience was finally tested when he was escorted to the cell of a very saintly monk who had died some centuries before, but whose dwelling place was still an object of interest. After she had been told of his wonderful life, the attention of the lady was drawn to a dusty little *something* hanging on the wall. Inquiry elicited the fact that it was the saint's hairshirt. She communicated this interesting fact to her husband, and for the first time he showed decided animation. Taking her hand, he said: "Margaret, dear, that is very interesting, but I shall never need a hairshirt whilst I have you."

I believe this question as a whole will continue to be the "hairshirt" of the nursing profession. Of course, we have the sure promise that a special committee under the guidance of Professor C. E. A. Winslow, financed by the Rockefeller Foundation, is to render a report which will include a statement on this knotty point the latter part of 1920. With one hundred million dollars lately thrown into this Foundation, they can naturally afford to give time, and even Eternity, to the solution of this question. Our own Red Cross might occupy some of the time they have on their hands in making up their minds as to how to spend their large fund in solving the problem.

How could any definition I could give stand up against such a barrage? But human nature remains more or less a fixed quality; and when this great pronouncement comes forth from the womb of the Rockefeller Foundation, some snip of a nurse in a little country hospital, who adds to her institutional duties a ride of thirty miles to deliver a woman because the doctor is not available, or to gather together

a little group of married women to teach them the simple technique of obstetrics in case of an emergency in the settlement, will boldly lay claim to the title of public health nurse. To quote Miss Johns: "In my own mind, and possibly in the minds of many Canadian nurses, a public health nurse, in the narrow sense of the term, is one engaged in preventative work and the educational activities which accompany it, as distinct from the actual care of the sick." How, in the name of reason, can you divorce nursing of any kind from "the actual care of the sick"?

We can have instructors in public health, if you will; but a nurse must minister to the sick, and, whilst doing so, preach the doctrine of prevention through right living.

I have often been puzzled by the expression, "a city hall nurse." I wonder whom *she* nurses? I admit many of the city halls in Canada do look as if they were in rather an unhealthy condition. I should like to add a few more definitions to those given by Miss Johns; for instance, "a public health nurse has her Saturday afternoons and Sundays, and does not work at night." This would strongly point to the supposition that public health belongs to the union, was a member of the Lord's Day Alliance, and also a sound sleeper.

A very charming, rosy-cheeked young lady, laying claim to the title of public health nurse, on being interrogated, gave the following: "We do preventative work entirely, and never even take off our gloves." I am afraid that the Rockefeller Foundation will find themselves late.

Are we in Canada wise in allowing ourselves to be graded and labelled? If such a thing is necessary, let us do it ourselves. I prefer the attitude expressed in the words of Tagore: "They come with their laws and their codes to bind me fast, but I evade them ever." This is a time in the Canadian nursing profession for the loosening of bonds, because it is the day of our great opportunity for service.

I am afraid I am throwing no new light on this subject; but there is one question which to my mind overshadows the one under discussion, namely, "What *is* Miss Jean Brown, of Regina?"

CHARLOTTE HANNINGTON,
Chief Superintendent V. O. N.

NOVA SCOTIA

Public health is often an uphill climb. Discouragements come thick and fast at times, and it takes considerable pluck, faith and vision to keep going, and waiting for the occasional encouragement that does come, usually from almost unexpected quarters.

It is significant that two of the largest towns in the province—Amherst and Sydney—have followed suit. In January, Miss Hollies was appointed school nurse in Amherst and Miss MacDonnell in Sydney.

The town of New Glasgow has also been supplied with a V.O.N., who began her work on January 3rd, 1920.

Interest in the public health movement in Halifax was stimulated recently by the visit of Dr. George Vincent, of the Rockefeller Institute, who presented the need of active work along all lines of public health work in an admirable manner. The chairman for the meeting was the president of Dalhousie University. Many of the faculty of the university were present, along with a large group of Dalhousie students. The meeting was also attended by His Honor the Lieutenant-Governor.

New Brunswick

Miss Elizabeth Jones, head Victorian Order nurse in St. John for the past five years, has been transferred to Edmonton, Alberta. Miss Murdie, of Ottawa, succeeded Miss Jones.

The Red Cross Society of St. John has granted three thousand dollars towards the maintenance of an extra Victorian Order nurse, making it possible for that Order to take up child welfare work on a more extensive plan. A similar grant has been given the St. John Association for the Prevention of Tuberculosis by the Red Cross Society, and a second nurse is soon to take up that work in the city.

A survey of the mentally deficient is soon to be undertaken in New Brunswick.

Careful preparations were made by New Brunswick in anticipation for the threatened epidemic of influenza. This included a conference of representatives of the different women's societies, called together by the Hon. Dr. Roberts, Minister of Health; the appointment of two nurses by the Sub-District Board of Health, St. John, and the establishment, by voluntary workers, of a diet kitchen. The Sisters of Charity offered their assistance for the nursing of the sick. A course of lectures on "Prevention of Influenza" was given throughout the province by Dr. Melvin, Chief Medical Officer of Health.

The city of Fredericton, in the Province of New Brunswick, has established a Public Health Nursing Service. Miss Peterson, of the Victorian Order of Nurses, took up her duties there on November 18th, 1919. Before doing so, Miss Hall, the inspector of the Order, together with Miss Peterson, made a thorough survey of the town, and reported conditions and made suggestions to the Social Service Council, under which Miss Peterson is doing her work.

The following is Miss Peterson's own report, to the chief superintendent, on conditions as she found them:

"Miss Hall and I made a survey of the city together. We visited and inspected the jail, police station, shoe factory, Children's Home, hospital, and in between I am sure we met everyone of importance, except for the Mayor, and he was out of town.

"The jail is wonderfully kept—spotless—and Sheriff Hawthorne seemed so humane to the prisoners. The police station was fairly clean, and there was a cell for women with two beds, in which they slept be-

tween blankets. Sheets were suggested. The Children's Home is well kept for the help they have.

"We visited the Almshouse with Miss Cooper. It is not only used for a home for the aged, but also as a refuge for unfortunate girls and for children when the Children's Home is full. They all seemed quite happy, and fairly well looked after.

"I have been at several meetings of the Provincial and Local Board of Health and V.O.N. Committee. I think that in a very short while I will be assisting the medical school inspector under his supervision, and doing the follow-up work.

"Miss Hall and I had an interview with Mr. Coates, the superintendent of the Metropolitan Insurance Company here. He said that if a nurse were placed in Marysville for the districts of Marysville, North and South Devon and Harper's Ferry, he would turn over their work to us, as their present nurse stationed in Fredericton refuses to go to Marysville. I understand they have over one thousand policy-holders in Marysville alone, and about six thousand in Fredericton. I should think, and am told, there is a great opening for one of our nurses.

"I should like to arrange for a meeting at Marysville in the near future and to give a talk on "The Importance of a Visiting Nurse," with the permission of my local board here.

"I was invited to the local nurses' meeting at Victoria, held for the purpose of organizing registration. I was asked to give a short talk on district nursing.

"Fredericton community are keeping far too well to suit me at present."

Rothesay has also been supplied with a nurse, Miss MacNiven, who is carrying on the work there under the supervision of the St. John Branch. Miss Jones, who has for many years been head nurse of the St. John district, has resigned to take up executive work in the West, and Miss Murdie, a staff nurse of the Ottawa district, has been appointed head nurse in her place.

In addition to the nurse at Rothesay, a staff nurse has been appointed, and the work at St. John is growing rapidly. The city has been divided up into districts, each nurse being responsible for all the work in her particular district. This work is co-ordinated and supervised by the head nurse, and once a month they hold conferences at the Board of Health rooms with the Board of Health and the Medical Inspector of Schools.

There are also in St. John very effective and up-to-date methods of taking care of the T.B. cases, with a specially qualified nurse in charge.

British Columbia

The duties of the graduate nurse who holds the position of woman health inspector in Vancouver includes the supervision of all women

employed in places where food is prepared. These women are inspected, with special reference to skin diseases. She also inspects the ventilation and working conditions in all buildings where women are employed; and all registered lodging houses, where women live, come under her jurisdiction. Miss E. V. Cameron, R. N., who has been on leave from the Department of Public Health, Vancouver, and who has served overseas since May, 1915, has returned and resumed her duties.

NEW METHOD FOR OPENING HYPODERMIC NEEDLES

To one who is accustomed to using hypodermic needles frequently, as in the administration of vaccines and other medicinal preparations, the value of some method by which the lumen of the needles can be kept free of rust and other materials in the shortest possible time is a distinct advantage over the method of boiling in a solution of sodium carbonate, as recommended in *The Journal*, and the use of the copper wire, etc. The use of a small instrument known as the pivot broach, used by jewellers to drill very fine holes in watch repairing, permits a needle to be opened very quickly. This instrument is a three-cornered piece of tempered steel with a round handle at one end, the cutting edges being the three corners which act as a drill. It is the size of the lumen of the needle, and the same length as the average hypodermic needle. If the broach is introduced at either end with a semi-rotary motion, as if drilling, the needle can be entirely freed of rust or other materials. Care, of course, must be exercised in handling the broach, as it is likely to snap off if it is forced too hard in the tempering. When the needles are opened by this method, I have found them very satisfactory, and they last almost indefinitely. The broaches can be obtained from any jewellers' supply house at a very moderate cost.

MILTON H. PROSPERI, M.D.
—*Journal A. M. A.*

So well have I loved the world,
Have found it such a kindly place,
So well have I loved my day,
I wonder if God's face
May mirror things for me—
The lights of home, the love of friends,
The warm fire welcoming
Tired hearts when the day ends.

—MARGARET D. MUIR.

Let us love so well, our work shall still be sweeter for our love, and still our love be sweeter for our work.—E. B. BROWNING.

The Diet Kitchen

By Elizabeth Robinson Scovil

Fish

Some persons dislike fish, and will not eat it; a few cannot take any kind without upsetting the digestion; while others can eat one or two varieties without ill effects, but cannot venture on an unrestricted fish diet.

In chronic Bright's disease, gout, or when there is an excess of uric acid in the blood, and the quantity of meat is limited, or perhaps it is forbidden altogether, fish makes a desirable substitute.

Fish like salmon, which are rich in fat and flavor, are nutritious, but less easy to digest than some of those with white flesh. Eels contain the largest percentage of fat; herring has more fat than salmon; while mackerel, trout and shad also contain a considerable amount.

It is a popular superstition that fish feeds the brain on account of the phosphorous it contains, this being also an ingredient of nerve tissue. The mental status of some of the native tribes who live largely on fish does not confirm this theory. An authority on dietetics says the most digestible fish are fresh sole, whiting, blue fish, white fish, red snapper, fresh codfish, halibut, shad and smelts. Haddock is of the same nature as whiting, but is of a firmer texture and not as digestible.

Fresh cod are sometimes crimped. As soon as they are caught, the flesh is cut across in several deep gashes and they are plunged into ice cold water. This causes the muscle fibres to contract, and makes the flesh firmer.

Boiling

This is the best way to cook fish for an invalid whose digestion is delicate. There are a few points to remember to ensure success. The fish should not be put into boiling water, as the high temperature contracts the skin too quickly and causes it to break, injuring the appearance of the fish. Put it in hot water and increase the heat. The water should be well salted, otherwise the fish becomes soft and goes to pieces. It is also a help to prevent the juices of the fish from oozing out. It improves white fish to rub the surface with a cut lemon after it is cooked. Fish that has been frozen should be cooked as soon as it is thawed.

Baked Fish

Baking fish makes a change in the form of serving it for an invalid. Cut slices about an inch thick from any thick white fish; remove the skin and bone; butter a baking pan and lay the slices on it, dotting them

with pieces of butter. Bake in a hot oven from fifteen minutes to half an hour, and serve with a thin white sauce. When fish is not boned you can easily judge when it is sufficiently cooked, as it separates from the bone when it is done.

Fillets of Fish

These are strips of white fish, without skin or bone, rolled and fastened with a wooden toothpick, or match, pointed, the top being removed. They are easily cut from a slice of halibut, which will make four. Dip the fillets in melted butter, squeeze lemon juice over them and a few drops of onion juice if desired. Place them in a small enamelled dish, buttered; pour over them a little boiling water and melted butter, season with pepper and salt, and bake about fifteen minutes.

Fish Chowder

Some persons are very fond of chowder, and not every nurse knows how to make it. Take a pound of white fish, remove the skin and bones and cut in pieces about two inches long. Melt a dessert spoonful of butter in a cup of boiling water; add two slices of onion, salt and pepper. Cook three-quarters of a cup of sliced potatoes, or potato cut in cubes, in boiling water for five minutes. Strain the water from the onion on the potatoes, having first drained them, and add more if necessary. Add the fish and let it simmer until the potatoes are done. Put in a cupful of hot milk, with a little cream if it is to be had. Mix and add more seasoning if required. Serve with saltines.

Casserole Fish

Cooked white fish can be broken into small flakes, put into a casserole with layers of white sauce, the top covered with crumbs, and baked.

Crustaceans

Lobsters, crabs and shrimps are wholesome when they are absolutely fresh, but patients must be in an advanced stage of convalescence before they are fit food for them. They are scavengers of the sea, and must be thoroughly cleaned and well cooked before they are eaten. The shells of soft-shell crabs contain a large amount of indigestible matter, which is often very irritating to the digestive tract. Lobsters always disagree with some persons, especially if eaten with other food. Others can take them with impunity. They sometimes cause urticria or aggravate skin eruptions which already exist. It is safer to avoid them unless the doctor has given special permission for their use.

Shrimp Salad

Cut the shrimps in pieces, put them in a dish and moisten them with melted butter; season with pipper, salt, and a little vinegar. Add half the quantity of shredded celery, apple cut in cubes, a few chopped walnuts; mix together, cover with boiled salad dressing, and place spoonsful on crisp lettuce leaves.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

OUT-PATIENT DEPARTMENT—HOSPITAL FOR SICK CHILDREN, TORONTO

By MARGUERITE WADDELL, Nurse in Charge

One of the most interesting among the many departments in the Hospital for Sick Children, Toronto, is the out-patient department.

At any time during the day may be found patients ranging from the tiny infant to children up to fifteen years of age. Each child has a complete history taken on admission to the clinics, including a careful family history, past history, and child's daily habits, etc. The present history includes the source from which the patient is sent, reason for admission, and the symptoms present at the time. In all medical cases a complete physical examination is made of every patient, including height, weight, etc.

A nurse from the Department of Public Health attends all clinics. She receives instructions from the doctor in charge of the clinic for the treatment and home care of each patient. She in turn sends these instructions to the nurse in charge of the district from where the patient comes, who visits the home and instructs the mother as to the proper carrying out of these orders, and impresses her with the importance of the child returning to the clinics on the day and hour stated on the card given to the mother on the first attendance at clinic. Should the patient not report as instructed, it is the duty of the nurse to investigate the reasons and act accordingly.

One of the newer clinics, though not by any means the least important, is that for undernourished children. The system being carried out is very much along the lines as that used at Bellevue Hospital, New York, and the Vanderbilt Clinic, namely, the class system.

At the first visit an attempt is made to find out the important points which bear on the child's condition. The attendance of the mother and child is called to the food exhibit, which aids in impressing upon them the importance of proper diet. Three meals are arranged for the day, breakfast, dinner and supper. They are laid out as though they were to be served, with dishes, knife, fork and spoon. The exhibit is rearranged every day and has great educational value. The actual seeing of food and its arrangement makes a marked impression upon the child and mother, and obviously makes the printed diet sheets given to the patients seem of more importance to them. To those who do not under-

stand English, the practical demonstration is most helpful. Large wall charts, with texts frequently memorized by the children, have been of much benefit.

Home records, which were originally devised by Dr. H. L. Dowd for use in the Huddleston Memorial Class for Cardiac Children, are used. These records are kept by the mother or patient, and a note is made of whatever has happened each day, such as the amount of sleep, play, and what he has taken in the way of food.

The establishment of this clinic is too recent to give definite statistics, but it seems only fair to say that a clinic of this kind is of tremendous service to the community, as not only are the children benefited, but the mothers are educated in matters of hygiene and are made to realize that the puny child is not healthy and requires medical attention. The nurse who attends this clinic visits the homes and instructs the patients. Children up to the present have been principally of school age and have shown a very keen interest. Much could be written on the work and the details of this particular clinic, and possibly as it developes a more comprehensive report may be given.

The Tubercular Clinic is held twice a week. Patients showing definite signs of infection are referred to the Queen Mary Hospital, in connection with the Toronto Free Hospital, Weston, Ont. Those who have been exposed to tuberculosis, but have no definite symptoms, and whose home conditions are poor, are sent to the preventorium.

The Nurses' Alumnae Association of the Hospital for Sick Children organized in 1909 what is known as the Heather Club, with the aim of giving voluntary care to children who had been exposed to tuberculosis. The late Mr. John Ross Robertson, chairman of the board of trustees, gave the club a pavilion on the grounds of the Lakeside Home, in connection with the Hospital for Sick Children, and during the first year over thirty children were cared for by the voluntary work of the members of the Alumnae Association, each nurse giving two weeks of her time during the summer months. The pavilion was enlarged to accommodate fifty patients. During the winter months there was no accommodation for these children, and the I. O. D. E. provided a thoroughly equipped building and spacious grounds in North Toronto, which is known as the Preventorium I. O. D. E. Children admitted to either of the above institutions must be referred from the Tubercular Clinic in connection with the Out-Patient Department of the hospital.

(To Be Continued)

Amalgamation of Hospitals

The Montreal General Hospital and the Western Hospital are to be united under one management. The institutions cannot be successfully financed separately. United, it is hoped to obtain aid from the Province of Quebec. That will make it the greatest institution in Canada.

The World's Pulse

By Elizabeth Robinson Scovil

Wireless Telephones

Marconi prophesys that, in the immediate future, conversations will be carried on between Great Britain and the United States by wireless telephones, and that the cost will be not more than twenty-four cents for each minute of speech. Marconi has already spoken to Canada from London. Trans-oceanic conversations will be carried on through an ordinary telephone, the exchange being connected with the wireless station.

A Canadian Flag

It has been proposed that the Federal Government be asked to adopt a distinctive Canadian flag. It is also suggested that an appropriate function be held once a year, preferably on Dominion Day, to receive publicly into Canadian citizenship those who have completed all the conditions of naturalization during the year.

A Powerful Shell

The United States' new naval ordinance plant has purchased a shell that has penetrated more than thirteen inches of armor-belt steel. This 16-inch projectile weighs 2,100 pounds. These shells will be used for the 16-inch guns of the new dreadnought ships now under construction.

An Ancient Toilet Luxury

Hair oil was used by the Egyptians 400 B. C. A hair tonic for an Egyptian queen was composed of dogs' paws and asses' hoofs boiled in oil with dates.

Roads to Remembrance

A new roll of honor is a highway planned in various parts of the country. Memorial trees are planted along the roads for men who entered the service of their country during the war.

Substitutes for Gasoline

During the war Canadians distilled a substitute for gasoline from waste straw. The Greeks used a liquid distilled from wood for their motors. In Sweden fish oil was used as a motor fuel. Turkey used mustard oil for this purpose, and the Germans a gasoline substitute whose composition is not known, but which had a sickly, sweetish odor.

Aerial Defense Station

An aerial coast defense station has been begun at Newdorp, Staten Island. It is to serve as a base for land- and seaplane patrol aircraft.

The station will be equipped with directional wireless apparatus to guide patrolling aircraft in foggy weather.

The Cost of Living

Many staple articles of food have increased in cost this year. Grain, flour, bread, meats, livestock, potatoes, fish, textiles, hides, metals, lumber and furs are all more expensive. The food budget for an average family was $7.73 in 1914 and $15.30 now.

Extra Women

It is said there are a million women in Great Britain who cannot look forward to marriage because there are no men for them to marry, so many young men having fallen in the war. Infanticide and polygamy being out of fashion, emigration is suggested as a remedy. Canada and Australia, hitherto the most popular fields for emigration, have also suffered severe losses in the war. The land girls and the Women's Auxiliary Corps proved their capacity to do very hard work and face many privations, which goes to prove that, under certain conditions, women can take care of themselves.

Child Authors

Since the success of "The Young Visitors," written by Miss Daisy Ashford when she was nine years old, several youthful authors have appeared in England. Lady Diana Bridgeman, eldest daughter of Lord and Lady Bradford, who is twelve, is publishing a book of poems which are said to be charming, and especially remarkable for their rhythm, which adapt them to music. She has illustrated the book with original drawings in black and white and in color. A boy of fifteen, named Carl Morris, has written a clever novel called the "Power of Love." It contains 10,000 words, and has been accepted by a London publisher. He has also written a short story, entitled "Love's Victory," and is engaged in another novel.

A Memorial to the Air Raids

The Westminster Council intends placing tablets on the houses in the borough where the first and last air-raid bombs were dropped—the Lyceum Theatre on October 13th, 1915, and 26 Kings Street, St. James, on May 20th, 1918.

Mysterious Signals

Wireless operators have been puzzled by interruptions to their signals, which Marconi says may come from somewhere outside the earth. They have been heard both in England and America. It is suggested that inhabitants of the planet Mars may be trying to communicate with the earth. Professor Pickering has recently stated that he sees signs of life in the moon, and Professor Soddy, a chemist and physicist, declares that the moon cannot possibly be dead. The signals may have originated there, as the moon is much nearer the earth than Mars. So far the signals are shrouded in mystery.

Hospitals and Nurses

NOVA SCOTIA

At the March meeting of the N. S. G. A., the speaker of the evening was Dr. Franklin B. Royer, of the Massachusetts-Halifax Health Committee, whose timely subject was the course in public health which has just been started at the university. Owing to illness, the number of nurses attending was small.

The addition to the Children's Hospital, Halifax, not only doubles the capacity for sick children, but includes extra accommodation for nurse, dressing and utility rooms, a unit for infectious cases, balcony for the tubercular cases, and many other rooms which were badly needed for progressive work. This is a very popular charity in Halifax, many functions being given for its benefit, and the use of the press has always been put at the disposal of the hospital. One of its greatest friends was the late Capt. Burchell, killed in action in the war. For many years he acted as Santa Claus for the inmates, and his will showed that his pet hospital had not been forgotten, for a generous legacy was left to it.

Graduates of the Victoria Hospital, Halifax, will read with regret of the death of Dr. C. H. Puttner. For many years he was instructor to the nurses in materia medica, and his death means to the nurses and hospital a very real loss.

* * * *

NEW BRUNSWICK

Miss Celia Gleeson has accepted the position of night superintendent at the General Public Hospital, St. John, N. B. This position has recently been vacated by Miss Eugene Taylor, who, with Miss Mary Harrington, is leaving shortly to take a course at the Corey Hill Hospital, Boston, Mass.

Miss Ada Burns and Miss Hazel Latimer, having finished a four months' course in Victorian Order nursing at Ottawa, are opening up a new branch of this work at Moncton, N. B.

The local chapter, New Brunswick Association of Graduate Nurses, St. John, held their monthly meeting at the home of Mrs. Burnham, Mecklenburg Street. After the routine business, refreshments were served and a pleasant social hour spent.

* * * *

QUEBEC

Sherbrooke

A most successful "Dansant" was held March 13th under the auspices of the Eastern Townships Graduate Nurses' Association. The decorations were red tulips, and the hall looked most attractive. Refreshments were served by members of the association, and dancing was thoroughly enjoyed by those present.

Montreal

Miss Nora Livingstone, lady superintendent of the Montreal General Hospital, who has held that position continuously for thirty years, has resigned recently owing to ill health.

* * * *

ONTARIO

Toronto

Short, simple and deeply impressive was the ceremony which took place this afternoon at two o'clock in the wide corridor just outside the Legislative Chamber of the Parliament Buildings, when the memorial tablet to the memory of the nurses of the Ontario Military Hospital, Orpington, England, who gave their lives during the war, was unveiled by Major Margaret C. MacDonald, R.R.C., Matron-in-Chief of the Canadian overseas military forces.

Present for the occasion were the near relatives of the heroines whose names appear on the tablet: Nursing Sister Mary McKenzie, formerly of Toronto, who was drowned in the sinking by the enemy of the hospital ship Llandovery Castle; Nursing Sister S. E. Garbutt, who went overseas for service in June, 1917, and died of cancer the following August; Nursing Sister M. Lowe, of Binscarth, Manitoba, who was killed during the bombing outrages at Etaples in May, 1918; Nursing Sister D. H. Baldwin, who died as a result of wounds received during the enemy raids at Doulens, France, in May, 1918; and Nursing Sister M. E. Greene, who died of double pneumonia, at No. 24 British General Hospital, Etaples, France, in October, 1918.

Hon. Dr. H. J. Cody, former Minister of Education, read the memorial service and dedicated the tablet, erected by the matron and nursing sisters of the Orpington Hospital unit "to the glory of God and in loving memory."

His Honor the Lieutenant-Governor and Mrs. Clarke and Miss Clarke were attended by Lieut.-Col. A. Fraser and Capt. Syme, General Elmsley, G.O.C., No. 2 Military District, and several staff officers represented the military headquarters, and seats were also occupied by the Premier, members of the Cabinet, and a number of members of the Legislature and their wives. Special invitations had been sent out to all who could be reached of former members of the Ontario Hospital

staff, both medical and nursing, and to the matrons and nursing sisters of the Toronto military hospitals and superintendents of general hospitals. A special place was reserved for the next of kin and near relatives of those in whose honor the service was held.

The tablet, of brass, mounted on an ebony frame, has been placed on the wall immediately to the east of the entrance to the Legislative Chamber, under the direction of the Deputy Minister of Public Works, and the Chief Provincial Architect.

* * * *

MANITOBA

Miss McEachern (W. G. H., 1912) returned from Sloan Hospital, New York, where she has taken a post-graduate course, and is now in charge of the maternity wards at the W. G. H.

Miss Grey (W. G. H., 1916) has accepted the position of charge nurse of the eye and ear operating-rooms at the W. G. H., after her return from active service.

Miss Ella Kerr (W. G. H., 1920) has taken a position in the operating rooms of the W. G. H.

Miss Sterling, graduate of Guys' Hospital, London, is now in charge of the X-ray department of the Elmwood Sanitarium.

Miss McKenzie (W. G. H., 1918) is in charge of the X-ray department at the W. G. H.

Miss Taylor (1916) is now in St. Luke's Hospital, New York, taking a post-graduate course.

Miss M. Buckerfield, graduate of a Detroit hospital, and at present on the staff of the King Edward Municipal Hospital, is spending a much-needed rest for four weeks at the Nurses' Home, Wolseley Ave.

Miss Margaret Harper, graduate of St. Boniface Hospital, has taken a position at the Misericordia Hospital.

The many friends of Miss Olive Garland, graduate of St. Luke's Hospital, New York, regret her suffering from an attack of appendicitis, and hope that she may soon be able to resume her duties as matron of the Deer Lodge Convalescent Hospital.

Miss McGilvray (W. G. H., 1910) is on the staff at the S. C. R. wards of W. G. H.

Miss Meta Hodge (1916) has resigned from the staff of the S. C. R. wards, Winnipeg General Hospital.

Miss Cotter, superintendent of Dauphin Hospital, has returned to duty after two months' sick leave.

Miss Gilroy (1898) is in charge of the Red Cross Emergency Registry for Winnipeg.

The positions of superintendent and night superintendent of the Children's Hospital, Winnipeg, are filled by Miss Mabel McNiel and

Miss Needler, both graduates of the Sick Children's Hospital, Toronto, Ont.

Miss Mabel Stutter (1919) is supervisor of the operating room in the Children's Hospital, Winnipeg.

Miss Munroe (1910), of the Milk Depot staff, is spending six months' leave of absence with friends in Scotland.

Miss Pollexfen (1917), recently of the C.A.M.C., has accepted a position on the staff of the Social Service Department of the W. G. H.

The regular monthly meeting of the St. Boniface Hospital A. A. Association was held March 10th, with a large attendance. After the usual business the members had a very interesting address from Dr. Mary Crawford on "School Nursing." Refreshments were served, and all enjoyed a social time.

Miss E. Mannion, who has been seriously ill at the St. Boniface Hospital, is recovering.

Mrs. A. D. McLeod and Mrs. D. Hall, graduates of St. Boniface Hospital, were recently bereaved in the loss of their father at the home of the latter, on Morley Avenue, Winnipeg.

Miss J. McDonald has accepted a position at the Misericordia Hospital.

The members of the Alumnae Association regret to learn of the death of Miss Edna Firby (1919), who died of pneumonia after an illness of only two days. Miss Firby was a general favorite, and the news of her death has cast a gloom over the hospital at St. Boniface, where she held a warm place in the hearts of the members of the staff.

* * * *

BRITISH COLUMBIA

Miss Janet Campbell, R. N., who, for three years, has held the position of child hygiene nurse with the civic health department, Vancouver, B. C., has resigned to accept a position as state supervising nurse in child hygiene work in the State of Texas. Miss Campbell will attend a convention in St. Louis before taking up her duties in Austin, Texas.

Miss Gertrude Sinclair, R. N., superintendent of the Royal Columbian Hospital, New Westminster, B. C., has resigned, to take effect May 31st.

The Provincial Red Cross Society has asked for the co-operation of all registered nurses in the great work of preparation for emergencies. All nurses are to be circularized to get names and pledges for service whenever called for. The association has for the nursing representative on the provincial executive of the Red Cross Miss Helen Randal, R.N., registrar of the G. N. A. of B. C.

The eighth annual meeting of the Graduate Nurses' Association of British Columbia was held at the Nurses' Home, Vancouver General Hospital, Vancouver, on Easter Monday, April 5th, with the president, Miss Jessie MacKenzie, R.N., in the chair. The invocation was given by the Rev. Mr. Henderson, who also gave a few words on the value of individuality in our work and lives. Addresses of welcome and replies were given by Miss Cosae Haskin, R.N., president of the V. G. N. A., and Miss Grimmer, R.N., from Victoria. The president's address pointed out the progress we had made, and was followed by reports from the secretary and treasurer, registrar, and special reports from committees looking after the Returned Nursing Sisters' Club House which has been carried on by the association, the emergency work that is to be done in conjunction with the Red Cross Society, and the survey of the training schools of the province which has been undertaken this past year by Miss Helen Randal, R.N., registrar. Miss Randal has been appointed by the Provincial Red Cross Society to a membership in the provincial executive of that society. It was decided, after discussion, that the club, having served its usefulness as a place where the returned sisters could re-establish themselves, the association would give it up as an association, but would take advantage of its option for another year and sublet if it could be so arranged.

Much satisfaction was expressed over the survey of training schools, and it was decided to visit the schools again in the course of this coming year, with a view of getting even better results from it. The nurses were asked to enroll themselves with the Red Cross for emergency nursing, and many signed their names. After other business had been discussed, a buffet supper was served by the V. G. H., which was much appreciated by the nurses present.

The evening session opened with a short talk on the benefits to nurses of some form of income insurance for the time lost in accidents, sickness and the results. Mr. Browne stated that policies are made out for various reasons, and emphasized the need of planning for either sickness or accident, the statistics showing that very few escape one or both during a short term of years. Mrs. Gordon, of the Soldiers' Settlemen Board, spoke of the great need there is for well-trained nurses with true missionary spirit to work in these soldier settlements all over the country.

Dr. Service gave a most interesting talk on his work in attempting to get $100,000 from the three professions, medical, dental and nursing, for work in China in establishing training schools for all three professions in the University of Cheng-tu, West China. He appealed to all nurses to give as largely as they could. After discussion, it was decided to form a committee and ask each nurse to subscribe, if possible, to this worthy object.

Dr. Burnett gave an address on the "Future of the Trained Nurse," with special reference to the legislation along the lines of State nursing.

and warned the nurses that a careful and well-thought-out plan should be ready for presentation to the Legislature, or to any body taking up the matter. He referred to the great agitation going on over the nursing situation, and recommended that nurses should do more after graduation to show training schools the value or lack of some special feature in their training that would help the coming graduates and the public to get the best service for work done.

Refreshments were served at the Home by the Vancouver Graduate Nurses' Association, and the large number of nurses present expressed their appreciation of the programme and entertainment.

The Vancouver Graduate Nurses' Association held their regular monthly meeting April 7th. After the routine business, those present enjoyed an extremely interesting talk from Professor Woods, of the British Columbia University, on the "One-Act Play in Modern Drama." After the talk the usual social cup of tea was served. Several out-of-town guests were present.

BIRTHS

MALCOLM—At St. John, N. B., March 19th, 1920, to Dr. and Mrs. D. C. Malcolm, a son. Mrs. Malcolm was Miss Jennie Finley, St. John (G. P. H., Class 1908).

MARRIAGES

BROUGH-CHARLES—At Holy Trinity Church, Edmonton, Alberta, on March 16th, 1920, by the Rev. C. Carruthers, James M. Brough, of Vancouver, B. C., to Elsie Evelyn Joy, eldest daughter of E. J. Charles, Esq., of Sydney, N. S. W., and graduate of Medicine Hat General Hospital, Medicine Hat, Alberta (Class 1915).

FRY-WALKER—At Breslau, January 20th, 1920, by the Rev. Harvey Fry, brother of the groom, Mr. F. Fry, of Waterloo, to Jessie Walker, of Galt, Ont., graduate of Kitchener and Waterloo Hospital (Class 1919). Mr. and Mrs. Fry will reside in Waterloo.

MCDOUGALL-CHISHOLM — At the Sacred Heart Church, Lebret,

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Sask., on November 25th, 1919, by the Rev. Father Kalmes, Archibald J. McDougall, of Lebret, to Drena Chisholm, graduate of St. Boniface Hospital, St. Boniface, Man. (Class 1914).

MOYER-EAMES—At Windsor, Ont., on February 28th, 1920, H. I. Moyer to Emily Eames, daughter of Mr. and Mrs. Eames, of Brantford, Ont., and a graduate of Kitchener and Waterloo Hospital (Class 1917).

REID-FIELD—St. John, N. B., March 17th, 1920, Aleta Myrtle Field (graduate of General Public Hospital, St. John, N. B., Class 1914) to Mr. Frederick Reid.

RUSSELL-BROWN—On March 15th, 1920, Mr. James Russell, of Vancouver, B. C., to Leota Elizabeth Brown, daughter of Mrs. S. D. Brown, 1006 East Denny Way, Seattle, Wash., and graduate of the Vancouver General Hospital, Vancouver, B. C.

WAITE-WESTBROOKE—At Brantford, December 31st, 1919, Dolly A. Westbrooke, graduate of Brantford General Hospital (Class 1916), to Earl Waite, of St. George, Ont.

THE SPREADING CHESTNUT TREE

The old chestnut tree at Dunchurch, near Rugby, beside what is supposed to be the original smithy of Longfellow's Village Blacksmith, has died, and has been replaced by a younger tree.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

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Regular Meeting—First Friday in each month.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Meetings—First Tuesday in each month.

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